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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE **RECEIVED**

OCT 29 2009

In the **PATENT APPLICATION** of:

John E. Campo

**Application No.:** 10/579,002

Our File: NPS-PT007.1US

**Filed:** September 27, 2007

Date: October 19, 2009

**Confirmation No.:** 4507

For: PROJECTILE, PROJECTILE CORE,  
AND METHOD OF MAKING

Group: 3641

Examiner: Michelle Renee Clement

**OFFICE OF PETITIONS**

**COMMUNICATION CORRECTING ENTITY STATUS  
UNDER 37 C.F.R. 1.28(c)**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Small entity status in connection with the above-captioned application was established in good faith, and fees as a small entity were paid with a good faith belief in such status. It was discovered that such status as a small entity was established in error.

Pursuant to 37 U.S.C. § 1.28(c)(2)(ii), the following itemization of the deficiency payment is provided:

10/27/2009 DALLEN 00000029 10579002

01 FC:1461

827.00 OP

**Applicant:** John E. Campo  
**Application No.:** 10/579,002

**Itemization of Fees Erroneously Paid as a Small Entity**

Date	Type of Fee Paid	Fee Paid	Current Large Entity Fee	Deficiency Owed
05/11/2006	Basic national fee (electronic filing for small entities)	\$150.00	\$330.00	\$180.00
05/11/2006	Examination fee	\$100.00	\$220.00	\$120.00
05/11/2006	Search fee	\$50.00	\$100.00	\$50.00
05/11/2006	Fee for claims in excess of 20	\$25.00	\$52.00	\$27.00
05/11/2006	Fee for independent claims in excess of 3	\$100.00	\$220.00	\$120.00
04/13/2007	Surcharge for filing declaration after commencement of the national stage	\$65.00	\$130.00	\$65.00
04/13/2007		\$225.00	\$490.00	\$265.00
			<b>Total Deficiency Payment Owed</b>	<b>\$827.00</b>

The required deficiency payment in the amount of \$827.00 is submitted by credit card payment with this communication.

This communication will serve as notification of loss of small entity status under 37 C.F.R. § 1.28(d).

Respectfully submitted,

John E. Campo

By

Michael F. Snyder  
Registration No. 58,347

Volpe and Koenig, P.C.  
United Plaza, Suite 1600  
30 South 17<sup>th</sup> Street  
Philadelphia, PA 19103  
Telephone: (215) 568-6400  
Facsimile: (215) 568-6499

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OCT 22 2009

**FEES & TRADEMARKS** Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2009

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$)	\$827.00
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## Complete if Known

Application Number	10/579,002	RECEIVED
Filing Date	September 27, 2007	OCT 29 2009
First Named Inventor	John E. Campo	
Examiner Name	Michelle Renee Clement	OFFICE OF PETITIONS
Art Unit	3641	
Attorney Docket No.	NPS-PT007.1US	

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_  
 Deposit Account Deposit Account Number: 22-0493 Deposit Account Name: Volpe and Koenig, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

### 2. EXCESS CLAIM FEES

#### Fee Description

Each claim over 20 (including Reissues)	<u>Fee (\$)</u>	<u>Small Entity</u>
Each independent claim over 3 (including Reissues)	52	26
Multiple dependent claims	220	110

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
- 20 or HP =	x	=	0	<u>Fee (\$)</u> <u>Fee Paid (\$)</u>

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Fee (\$)</u> <u>Fee Paid (\$)</u>
- 3 or HP =	x	=	0	

HP = highest number of independent claims paid for, if greater than 3.

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/ 50 =	(round up to a whole number) x	=	

### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Deficiency owed for fees erroneously paid as a small entity.

Fees Paid (\$)

\$827.00

## SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 58,347	Telephone 215-568-6400
Name (Print/Type)	Michael F. Snyder	Date October 19, 2009	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

OCT 22 2009

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number 10/579,002

Filing Date September 27, 2007

First Named Inventor John E. Campo

Art Unit 3641

Examiner Name Michelle Renee Clement

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OCT 29 2009

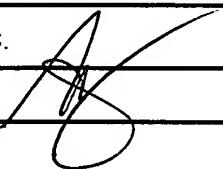
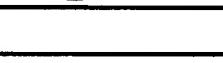
**OFFICE OF PETITIONS**

Attorney Docket Number NPS-PT007.1US

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): <ul style="list-style-type: none"> <li>1. Communication Correcting Entity Status Under 37 C.F.R. 1.28(c);</li> <li>3. Fee Transmittal Form (PTO/SB/17);</li> <li>3. Credit Card Payment Form (PTO-2038); and</li> <li>4. Postcard</li> </ul>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Volpe and Koenig, P.C. 		
Signature			
Printed name	Michael F. Snyder		
Date	October 19, 2009	Reg. No.	58,347

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name	Michael F. Snyder	Date	October 19, 2009

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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